

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 159
Registered No. 123

1. PLACE OF BIRTH

County Gila

District or Township

City Miami

State Arizona

or Village

No. 65

(If birth occurred in a hospital or institution, give its NAME instead of street and number) Skylar Trail St. Ward

2. Full name of child

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date
of birth

Month Day Year

8.

Full name

FATHER

14.

Full maiden name

MOTHER

9. Residence

(Usual place of abode)

If non-resident, give place and state.

15. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

11. Age at last birthday 23 (Years)

15. Color or race

17. Age at last birthday 22 (Years)

12. Birthplace (city or place)

(State or country)

16. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

19. Occupation

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child).

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at

m. on the date above stated.

Signature

(Physician or midwife).

* When there was no attending physician
or midwife, then the father, householder,
etc. should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.

Given name added from
a supplemental report

Month, day, year

Address

Filed

Registrar.

Registrar.

115-322-571